

**GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS**

2 Peachtree Street, N.W., - 36<sup>th</sup> Floor

Atlanta, Georgia 30303

(404) 656-3913 main number; (404) 656-9723 (fax)

[www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)

**ADDRESS CHANGE FORM**

**INSTRUCTIONS:** To change your address, you must complete all the fields listed below. You may mail, fax, or e-mail this form using the information provided above.

**LICENSE/CERTIFICATE NUMBER:** \_\_\_\_\_

**Complete Name:**

\_\_\_\_\_  
(please print legibly)

**Old Address: (Please check one)**

☐ **Mailing Address**

☐ **Home**

☐ **Practice Address**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**New Address: (Please check one)**

☐ **Mailing Address**

☐ **Home**

☐ **Practice Address**

(Under normal circumstances the practice location address is posted on our website for public access and the mailing address is for CSBME correspondence purposes unless there is only one address on file, therefore **please state whether the new address is your mailing, home or practice location address**).

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime telephone number

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Address Change Form

Version: 11/2007